				ocket Nun						
10753796										
SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY										
RATE	Ē.,	FEE]	RATE	FEE					
BASIC F	EE	385.00	OR	BASIC FEE	770.00					
X\$ 9=	_		OR	X\$18=						
X43=			OR	X86=						
+145=			OR	+290=						
TOTA		466	OR	TOTAL						
OTHER THAN SMALL ENTITY OR SMALL ENTITY										
RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
X\$ 9=			OR	X\$18=						
X43=			OR	X86=						
+145=			OR	+290=						
TOTA ADDIT. FE			OR	TOTAL ADDIT. FEE						
RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
X\$ 9=			OŖ	X\$18=						
X43=			OR	X86=						
+145=			OR	+290=						
TOTA DDIT. FE			OR ,	TOTAL ADDIT. FEE	•					
		•								
	_									

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003							10753996					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER TH					
TOTAL CLAIMS			79					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			7 9 minus 20=		* G			X\$ 9=	81	OR	X\$18=	
INDEPENDENT CLAIMS			ج minus 3 =		* Q	,	ĺ	X43=		OR	X86=	
М	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	460	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus			=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CLAINA	=		X43=		OR	X86=	
<u>L</u>	FIRST PRESE	NTATION OF MU	JUIPLE DEF	ENDENT	CLAIIVI			+145=		OR	+290=	
TOTAL OD TOTAL												
		(Column 1)		(Colun	nn 2)	(Column 3)		.DDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	Minus	**		=		X\$ 9=		OŖ.	X\$18=	
	Independent	* NTATION OF MU	Minus	*** ENDENT	CLAIM	=		X43=		OR	X86=	-
	THOTFILL	INTATION OF MIC	CIN EL DEI	LIADEIAI	CDAIN		'	+145=		OR	+290=	
							Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	•
		(Column 1)		(Colum		(Column 3)			•			
ENT C	•	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	-
	Independent	*	Minus	***	-	=	╽┞	X43=		OR	X86=	* "
Ľ	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM							
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.												
**	** If the entry in column 1 is less than the intry in column 2, write 10 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, nter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											